East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

i	§54.1009 Annual Reporting	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	lection Form	268012
	Study Area Code Study Area Name	East Kentucky Network, LLC
	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268012	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact rega		Cindy McCarty	
<035>	Contact Telephone Number - Number of person		6063391006 ext.	
<039> Reporting	Contact Email Address - Email Address of person Carrier / Mobility Fund Phase 1 Winning Bidder	identified in data line <030>	cmccarty@ekn.com	
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo		
<113>	Street Address (or PO Box)	101 Technology Trai		
<114>	City	Ivel		
<115>	State			
		КУ		
<116> <117>	Zip-Code	41642		
	Telephone Number	6063391164 ext.		* * * * * * * * * * * * * * * * * * * *
<118> <119>	Fax Number	6067912225		
(119)	Email Address	mhuffman@ekn.com		
<u>Contact In</u> <120>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix)	Michael Voifees		
<121>	Filing Carrier Name	Michael Huffman	when TIG	
<122>	Street Address (or PO Box)	East Kentucky Netwo	IK, BEC	
<123>		101 Technology Trai	1	
	City	Ivel		
<124>	State	KY		
<125>	Zip-Code	41642		
<126>	Telephone Number	6063391164 ext.		_
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box	✓		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			·
<133>	City			
<134>	State			
<135>	Zip-Code			
	•			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address	-		

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-118 Page 3 of 8	35
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<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

060_Coverage and Performance Rep.zip

Coverage and Performace attachments

Percentage of Total

Population Reached by

Service

				:					
State	County	Census Block		Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance d is uploaded (Yes/no)
					i				
			(<u>see attach</u>	ed works	heet			
	ļ	_							

Percentage of Total

Road Miles covered

by Service

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Lagratify that Lam an officer or ampleyee of	fals assessing assistant	Para tall de la	
form and in any attachments is accurate.	r the reporting carrier; my responsibili	ities include ensuring compliance with 47 (CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: East	Kentucky Network, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE	The Market	Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman		
Title or position of Authorized Officer:	Financial Operations Director	r	
Telephone number of Authorized Officer:	6063391164 ext.		
Study Area Code of Reporting Carrier:	268012	Filing Due Date for this form: 07/02/	2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting			
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reporte				
authorized agent; and, to the best of my knowledge, the reports and data pro	ovided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

I, as agent for the reporting carrier, certify that I am authorize	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	Il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268012	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified in		6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified i	in data line <030>	cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		me of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, leach of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Triba government pursuant to § 54.1004 includes:	attached		
		S	elect	

		(Vos No Not Amplicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210> <211>	Actual Completion Date Project Status Description (attached)	Project Status Description - Line 211.pdf
<212> <213> <214> <215> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<218>	Network will Support 3G/4G Mobile Service ?) 3G (4G

	200
I/IAN Cardina Barandina Cardina	5.7
(101) Certification - Reporting Carrier FCC Form 690	
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	Ass.
I	6.0
Approved by OMB	20.0
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OMP Control No. 2000 1100	
OMB Control No. 3060-1185	0.34
	0.4
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n7.10	
Page 7 of 8	And

<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my respo pest of my knowledge, the information reported on this form	sibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the nd in any attachments is accurate.
Name of Reporting Carrier: East Kentucky Network, L	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2018
Printed name of Authorized Officer: Michael Huffman	
Financial Operat	ons Director
Telephone number of Authorized Officer: 6063391164 ext	
Study Area Code of Reporting Carrier: 268012	Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC	C Form 690
Api	proved by OMB
· ·	
ON	1B Control No. 3060-1185
Pag	ge 8 of 8

<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting carrio responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized ata provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Repo	ting Carrier
	norized to submit the reports for Mobility Fund recipients on behalf of carrier; and, to the best of my knowledge, the information reported h	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	nt	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

		Perforr	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268012
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

itate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Błock	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
KY	Magoffin	T21153970300	0	0	0	63.58	0.0	54.04	Yes
									
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Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

85		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

			FCC Form
Mobility	Fund		Approved by OMB
Phase 1	- §54.1009 Annual Reporting		OMB 3060-1185
Data Col	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268013	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <	:040> 🔘
	<041> Attach a description of the documents file	d with the Form 481 reporting <0	:041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	:042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

050) Carri	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268013	
<015>	Study Area Name	7	East Kentucky Network, LLC	
<020>	Program Year	74.00	2018	
<030>	Contact Name - Person USAC should contact regarding th		Cindy McCarty	***
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie		6063391006 ext.	
10332	Contact Email Address - Email Address of person identifie	ed iii data iiile <0302	cmccarty@ekn.com	
eporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo:	rk, LLC	
<112>		East Kentucky Netwo		
<113>	5: (A11 (DD D)	101 Technology Trail		
<114>	-	Ivel		
<115>		KY		-
<116>		41642		
<117>	Telephone Number	****		
<118>	Fax Number	6063391164 ext.		
<119>	Email Address	6067912225		
		mhuffman@ekn.com		
<120> <121> <122> <122> <123> <124> <125> <126> <127>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Michael Huffman East Kentucky Networ 101 Technology Trail Ivel XY 41642 5063391164 ext. 5067912225 mhuffman@ekn.com		
<130> <131> <132> <133>	Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State	13 TO THE TOTAL OF		
<135>	Zip-Code			· · · · · · · · · · · · · · · · · · ·
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
<137>	Fax Number			

OMB Control No. 3060-1189 Page 3 of 8		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

060_Coverage and Performance Rep.zip

Coverage and Performace attachments

<d>>______ <b1> <a1> <a2> <a3> <b2> <b3> <c1> <c2> <c3> <141> Total Certify that Road Road Miles per Miles Coverage and Performance data Resident Total Resident | Miles Census covered Block per is uploaded Population Population per Resident Population per Newly Reached Reached by Census Newly Census (Yes/no) Block Census Block Census Block Block Reached State County by Service Service -- See attached worksheet

	0		80
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

Approved by OMB OMB Control No. 3060-1185 Page 4 of 8	(070) Urban Rate Comparability Certification Compliance	OMB Control No. 3060-1185
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<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Fmail Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.				
Name of Reporting Carrier: East	Kentucky Network, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman			
Title or position of Authorized Officer:	Financial Operations Director			
Telephone number of Authorized Officer:	6063391164 ext.			
Study Area Code of Reporting Carrier:	268013 Filing Due	Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports a	nd data provided to the authorized agent is accurate.
lame of Authorized Agent:	
lame of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of r	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or If knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

180) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		268013	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cmccarty@ekn.com	
<142>	State			
<143>	County			
	•			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on the second seco			

government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
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<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Projec	t Update Information		FCC Form 690 Approved by OMB
			OMB Control No. 3060-1185
			Page 6 of 8
<010>	Study Area Code	268013	
<015>	Study Area Name	East Kentucky	Network, LLC
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty	,
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ex	t.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.	com
<200>	Date Authorized to Receive Support	07/18/201	3
<201>	Targeted Completion Date	07/19/201	6
<202>	Total Mobility Fund Support Awarded		
<203>	Total Mobility Fund Support Disbursed		
<210>	Actual Completion Date		
<211>	Project Status Description (attached)	Project :	Status Description - Line 211.pdf
		(Name of	PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	<i>(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.		
<212>	Status of Network Deployment - Network Design	—	
<213>	Status of Network Deployment - Construction		
<214>	Status of Network Deployment - Deployment		
<215>	Status of Network Deployment - Maintenance		
<216>	Project Budget Status		
<217>	Project Plan Status	/	
<218>	Network will Support 3G/4G Mobile Service ?) 3G () 4G

(101) Contification Beneative Continu	
(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	Approved by Civio
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the

best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6063391164 ext.

Study Area Code of Reporting Carrier: 268013 Filing Due Date for this form: 07/02/2018

CERTIFIED ONLINE

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Date 06/21/2018

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(102) Certification - Agent / Carrier FCC Form 690	160 Y
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Page 8 of 8	
	State of the Part of the

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccartv@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reported on behalf of the reported on behalf of the author responsibilities include ensuring the accuracy of the data reporting requirements provided to the author	
agent; and, to the best of my knowledge, the reports an		1260
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of R	eporting Carner							
as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.									
Name of Reporting Carrier:									
Name of Authorized Agent Firm:									
Signature of Authorized Agent or Employee of Agent:		Date:							
Name of Authorized Agent Employee:									
Title or position of Authorized Agent or Employee of Agen	t								
Telephone number of Authorized Agent or Employee of A	gent:								
Study Area Code of Reporting Carrier:	Filing Due Date for this form:								

Attachments

																	0	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268013
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

Certify that **Total Road** Coverage and Resident Total Resident **Road Miles** Miles Performacne Population Population per Census Resident Road Miles covered per data is uploaded Block Newly Population per Newly Reached Reached by per Census Census Block (yes/no) Census Block Census Block by Service Reached County Magoffin Block State Service T21153970400 KY 36.8 Yes 46.0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

				FCC Form
Mobility	Fund			Approved by OMB
Phase 1	- §54.1009 Annual Reporting			OMB 3060-1185
Data Col	lection Form		Avg. Burd	en Estimate per Respondent: 18 Hours
	· -	268014		
<010>	Study Area Code	200017		
<015>	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <0	40> 🔘	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting <0	41>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting <0	42>	
<080>	<u>Tribal Lands Reporting (y/n?)</u> (Does this study area cove	r tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268014	
<015>	Study Area Name	7.000	East Kentucky Network, LLC	11.
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Cindy McCarty	
<035>	Contact Telephone Number - Number of person identi	******	6063391006 ext.	
<039>	Contact Email Address - Email Address of person ident	ified in data line <030>	cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	ork, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai		
<114>	City	Ivel		
<115>	State	KY		
<116>	Zip-Code	41642		
<117>	Telephone Number	6063391164 ext.		
<118>	Fax Number			
<119>	Email Address	6067912225		
		mhuffman@ekn.com		
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Networ	rk, LLC	
<122>	Street Address (or PO Box)	101 Technology Trai	1	
<123>	City	Ivel		
<124>	State	KY		
<125>	Zip-Code	41642		
<126>	Telephone Number	6063391164 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com	· · · · · · · · · · · · · · · · · · ·	
	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
				<u> </u>

(060) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

Coverage and Performace attachments

060_Coverage and Performance Rep.zip

<bi><bi>< <b2> <b3> <c1> <c2> <a2> <a3> <c3> <d> <141> Total Road Road Certify that Road Miles per Miles Coverage and Total Resident Miles Resident Census covered Performance data Resident Population Population Block per per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block Block by Service Service Reached Block -- \$ee attached worksheet

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018	
Printed name of Authorized Officer:	Michael Huffman			
Title or position of Authorized Officer:	Financial Operations Director	·		
Telephone number of Authorized Officer:	6063391164 ext.			
Study Area Code of Reporting Carrier:	268014	Filing Due Date for this form: 07/02/2018	3	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting			
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on			
lame of Reporting Carrier:			
lame of Authorized Agent Firm:			
ignature of Authorized Agent or Employee of Agent:	Date:		
Jame of Authorized Agent Employee:			
itle or position of Authorized Agent or Employee of Agent			
elephone number of Authorized Agent or Employee of Agen			
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:		

(080) Tribal Lands Reporting FCC Form 690					
				Approved by OMB OMB Control No. 3060-1185 Page 5 of 8	
<010>	Study Area Code		268014		
<015>	Study Area Name		East Kentucky Network,	LLC	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding this data		2018		
<035>	Contact Telephone Number - Number of person identified in da		Cindy McCarty		
<039>	Contact Email Address - Email Address of person identified in de		6063391006 ext.		
<142>	State				
<142>	State				
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
<145>	Tribal Government Engagement Obligation				
	Name of Attached Docur		ent (.pdf)		
		•			
	If your company serves Tribal lands, please select (Yes, No, Not Applicable) for				
	each of these boxes to confirm the status described on the atta	ached			
	PDF, on line 145, demonstrates coordination with the Tribal				
	government pursuant to § 54.1004 includes:				
			elect		
<146>	Needs assessment and deployment planning with a focus on Ti		No, Not Applicable)		
12702	community anchor institutions;	inai			
4					
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				

<150>

<151> <152>

<153> <154> Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Facilities Siting rules

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/13/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210> <211>	Actual Completion Date Project Status Description (attached)	Project Status Description - Line 211.pdf
<212> <213>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction	✓ ✓
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	'
<216> <217>	Project Budget Status Project Plan Status	7
<218>	Network will Support 3G/4G Mobile Service ?) 3G (4G

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(101) Certification - Reporting Carrier	FCC Form 690
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	Page 7 of 8

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier: East F	Centucky Network, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018			
Printed name of Authorized Officer:	Michael Huffman					
Title or position of Authorized Officer:	Financial Operations Director					
Telephone number of Authorized Officer	6063391164 ext.					
Study Area Code of Reporting Carrier:	268014	Filing Due Date for this form:	07/02/2018			

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-118	
Page 8 of 8	

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:		Date:			
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

Certification of Agent Autho	prized to File for Mobility Fund Recipients on Behalf of	reporting carrier
	norized to submit the reports for Mobility Fund recipients on be carrier; and, to the best of my knowledge, the information re	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ager	nt	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

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<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268014
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c2> <c3> <c4> <c2> <c3> <c4</c> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Reached by per Census Block Newly Census Block Population per (yes/no) by Service Block Reached Census Block Census Block Service State County Morgan T21175950100 111.64 Yes 0 KY 0 143.13 0.0

0			
ĺ			

Percentage of Total Road Miles covered by Service

78		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

		FCC Form
Mobility	Fund	Approved by OMB
	§54.1009 Annual Reporting	OMB 3060-1185
	ection Form	Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268016
	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com
Checker of the Wil		
<040>	Has the information required pursuant to §54.1009 b	been provided with a Form 481 filing (Y/N) <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting <041>
	Attach a description of the documents me	
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268016	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identifi		6063391006 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001786607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo		
<113>	Street Address (or PO Box)	101 Technology Trai		
		Ivel		
<114>	City			
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6063391164 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		
<120> <121> <122> <123> <124> <125> <126> <127> <127>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Michael Huffman East Kentucky Netwo 101 Technology Trai Ivel KY 41642 6063391164 ext.		
		6067912225		
	Email Address ed Agent Information if no agent, indicate in this box	mhuffman@exn.com		
<130>	Name (First, MI, Last, Suffix)			
<131>	•			
<132>	Street Address (or PO Box)		<u> </u>	
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	•			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	268016	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com	
<140>	Coverage and Performance Report Year 01/2017 - 12/2017		
	TOSO COVERAGE	e and Performance Ren zin	

Coverage and Performance Rep.zip

			Resident Population per	Resident Population Newly Reached	Population	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage and Performance is uploaded (Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
			(ee attach	ed works	neet			
							<u> </u>		

Percentage of Total
Population Reached by
Service
Percentage of Total
Road Miles covered
by Service

	212/2/2017 1 342 242	AL PROPERTY SERVICE
(070) Urban Rate Comparability Certification Compliance	CC Form 690	
- I	Approved by C	JMB
()MB Control I	No. 3060-1185
	age 4 of 8	하나 사람이 사람이 되었다면 살다.
	-0-	**************************************

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<030>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)					
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.					
Name of Reporting Carrier: East	Kentucky Network, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/21/2018	
Printed name of Authorized Officer:	Michael Huffman				
Title or position of Authorized Officer:	Financial Operations Director				
Telephone number of Authorized Officer:	6063391164 ext.		-		
Study Area Code of Reporting Carrier:	268016	Filing Due Date for this form:	07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting				
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the					
authorized agent; and, to the best of my knowledge, the repo	rts and data provided to the authorized agent is accurate.				
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

Certification of Agent Authorized to File Complian	ce with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to submit the certif data provided by the reporting carrier; and, to the best of my knowledge, the infor	ication on behalf of the reporting carrier; I have provided the data reported herein based o mation reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
lignature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

vav) 1110	al Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	268016	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty	
<035>	Contact Telephone Number - Number of person identified in data line <030>		
<039>	Contact Email Address - Email Address of person identified in data line <030		
<142>	State		
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
<145>	Tribal Government Engagement Obligation Name of Attached Doc	ument (.pdf)	

		Select
		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	. ,
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?) 3G

Page 7 of 8

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: East Kentucky Network, LLC Signature of Authorized Officer: CERTIFIED ONLINE

Signature of Authorized Officer:

CERTIFIED ONLINE

Printed name of Authorized Officer:

Michael Huffman

6063391164 ext.

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 268016 Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	FCC Form 690
(102) Certification - Agent / Carrier	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:		Date:			
Printed name of Authorized Officer:	-				
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
lame of Reporting Carrier:					
lame of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent: Date:					
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
elephone number of Authorized Agent or Employee of A	gent:				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:				

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>		01/2017 - 12/2017

Certify that Total Road Coverage and **Road Miles** Miles Resident Total Resident Performacne per Census Population Road Miles covered per Resident Population data is uploaded per Census **Block Newly** Census Block Population per **Newly Reached** Reached by (yes/no) Reached Census Block by Service Block Census Block Service State County Pike T21195930200 Yes 11.35 0 0 0 13.2

Percentage of
Total Population
Reached by
Service

	_

Percentage of Total Road Miles covered by Service

86		

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

Mobility	Fund			FCC Form Approved by OMB
	- §54.1009 Annual Reporting			OMB 3060-1185
Data Col	lection Form		Avg. Burde	n Estimate per Respondent: 18 Hours
<010>	Study Area Code	268017		
<015>	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Cindy McCarty		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6063391006 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cmccarty@ekn.com		
			, , , , , , , , , , , , , , , , , , , ,	
<040>	Has the information required pursuant to §54.1009 b	peen provided with a Form 481 filing (Y/N)	<040>	•
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	268017	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding	his data Cindy McCarty	
<035>	Contact Telephone Number - Number of person identif		
<039>	Contact Email Address - Email Address of person identif	ied in data line <030> cmccarty@ekn.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number	0001786607	
<111>	Filing Carrier Name	East Kentucky Network, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC	
<113>	Street Address (or PO Box)	101 Technology Trail	
<114>	City	Ivel	
<115>	State	ку	
<116>	Zip-Code	41642	1
<117>	Telephone Number	6063391164 ext.	
<118>	Fax Number		
<119>	Email Address	6067912225	
		mhuffman@ekn.com	
<120>	if same as above, indicate in this box Name (First, MI, Last, Suffix)		
<121>	Filing Carrier Name	Michael Huffman	
<122>	Street Address (or PO Box)	East Kentucky Network, LLC	···
<123>	City	101 Technology Trail	
	·	Ivel	
<124>	State	KY	
<125>	Zip-Code	41642	
<126>	Telephone Number	6063391164 ext.	
<127>	Fax Number	6067912225	
<128>	Email Address	mhuffman@ekn.com	
<u>Authorize</u>	ed Agent Information if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		
<131>	Company		
<132>	Street Address (or PO Box)		
<133>	City		
<134>	State		
<135>	Zip-Code		
<136>	Telephone Number		
<137>	Fax Number		
<138>	Email Address		A CONTRACTOR OF THE CONTRACTOR
/130>	Lilian Address		

OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

Coverage and Performance Rep.zip

State	County	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance da is uploaded (Yes/no)
		(ee attach	ed worksl	neet			

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

(070) Urban Rate Comparability Certification Co	ompliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010> Study Area Code	268017	

<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.					
Name of Reporting Carrier: East	Kentucky Network, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/21/2018	
Printed name of Authorized Officer:	Michael Huffman				
Title or position of Authorized Officer:	Financial Operations Director				
Telephone number of Authorized Officer:	6063391164 ext.				
Study Area Code of Reporting Carrier:	268017	Filing Due Date for this form:	07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting		
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the			
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:			
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ler Title 18 of the United States Code, 18 U.S.C. § 1001.		

ile Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
ubmit the certification on behalf of the reporting carrier; I have provided the data reported herein based or edge, the information reported herein is accurate.
Date:
Filing Due Date for this form:
iŁ

)80) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
.040				
<010>	Study Area Code		268017	
<015>	Study Area Name		East Kentucky Network, LLC	<u> </u>
<020>	Program Year	4-1-	2018	
<030>	Contact Name - Person USAC should contact regarding this		Cindy McCarty	
<035> <039>	Contact Telephone Number - Number of person identified in Contact Email Address - Email Address of person identified in		6063391006 ext.	
\033	Contact Email Address - Email Address of person identified i	in data line <050>	cmccarty@ekn.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
		· ·		
<145>	Tribal Government Engagement Obligation			
\143 >		me of Attached Docum	ent (ndf)	
		me of Attached Docum	cir (.paj)	
	If your company serves Tribal lands, please select (Yes, No, I			
	each of these boxes to confirm the status described on the a			
	PDF, on line 145, demonstrates coordination with the Triba	II		
	government pursuant to § 54.1004 includes:			
		1	Select	
<146>	Needs assessment and deployment planning with a facus a	yn Tribal	, No, Not Applicable)	
·17U/	Needs assessment and deployment planning with a focus o community anchor institutions;	on iridal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;		•	
<149>	Compliance with Rights of way processes			
		 		
<150>	Compliance with Land Use permitting requirements	1		

<151> Compliance with Facilities Siting rules

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<152>

<153>

<154>

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	Project Status Description - Line 211.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	√
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	1
<218>	Network will Support 3G/4G Mobile Service ?) 3G (4G

OMB Control No. 3060-1185 Page 7 of 8	(101) Certification - Reporting Carrier		
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<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:	Kentucky Network, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/21/2018
Printed name of Authorized Officer:	Michael Huffman		
Title or position of Authorized Officer:	Financial Operations Director		
Telephone number of Authorized Officer	6063391164 ext.		
Study Area Code of Reporting Carrier:	268017	Filing Due Date for this form: 07/02/2018	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Approved by OMB OMB Control No. 3060-11 Page 8 of 8

<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my respor agent; and, to the best of my knowledge, the reports and data pro	is authorized to submit the information reported on behalf of the reporting carrier. lities include ensuring the accuracy of the data reporting requirements provided to the authorized ad to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Autho	prized to File for Mobility Fund Recipients on Behalf of	Reporting Carrier
	norized to submit the reports for Mobility Fund recipients on be g carrier; and, to the best of my knowledge, the information rep	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ager	nt	
Telephone number of Authorized Agent or Employee of A	Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

	e and Perfo	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Cindy McCarty
<035>	Contact Telephone Number - Number of person identified in data line <030>	6063391006 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cmccarty@ekn.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<d>> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> Certify that **Total Road** Coverage and **Road Miles** Resident Total Resident Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached by Service Block Newly Population per Reached by per Census Census Block (yes/no) State County Census Block Census Block Service Block Reached T21195930600 11.64 Yes 0 0 KY 13.69 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

85			

FCC FORM 690

(060) COVERAGE AND PERFORMANCE REPORT

East Kentucky Network, LLC ("EKN") has already completed construction in this SAC, and the drive test data and associated coverage files are in its FCC Form 690 Payment Request 3, which was submitted prior to the reporting period for this SAC.

During the reporting period of January 1, 2017 through December 31, 2017, EKN had not constructed in any additional census blocks within the subject Census Tract for this SAC. Therefore, it did not complete any coverage/performance testing for this SAC during the reporting period of January 1, 2017 through December 31, 2017.

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC. ("CEKN") submits that there are no material updates to the Project Description associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its FCC Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no material updates with respect to network design, construction, deployment, maintenance, and budget associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).